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ISLE OF ELY COUNTY COUNCIL.

EDUCATION COMMITTEE

ANNUAL REPORT

of the

SCHOOL MEDICAL OFFICER

for the

Year ending 31st December, 1952.

THE BEAUMONT PRESS, CHATTERIS
1953

*With the Compliments of the
County & School Medical Officer
for the Isle of Ely.*

*County Health Department,
County Hall,
March, Cambs.*

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*To the Chairman and Members of the Isle of Ely
Education Committee.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the School Health Service for the year 1952.

Probably the most noteworthy feature of the service during the year was the institution of routine audiometric testing of the children's hearing, a full report of which is included in the body of the report. This, I feel, is a most important step forward. For many years now comparable routine testing of vision has been carried out and, so much is its value taken for granted, that a medical inspection at school without such a test would be unthinkable. Defects of hearing, however, whilst not so common, and perhaps not so obvious, as those of vision can without doubt play havoc with a child's ability to profit from the education provided at school, apart altogether from the psychological difficulties involved and the prospect of permanent handicap in adult life. It is, therefore, essential that every effort should be made both to discover and estimate the degree of defect and to institute remedial measures at the earliest opportunity. While this has proved a comparatively easy matter in relation to sight, the difficulties of accurate hearing tests in the crowded noisy conditions of school life have been very great. Gramophone audiometry has been used by many authorities but I have never felt that this method has been particularly satisfactory, depending as it does so much on the individual child's understanding and ability to interpret speech. The present availability of a small portable pure tone audiometer capable of rapid accurate testing of children, if not necessarily in groups at least in a continuous stream, is a great improvement as it demands the absolute minimum of comprehension and co-operation from the child. The numbers found with

defective hearing are admittedly small but, if only one child with previously unsuspected defective hearing is discovered in every school, the time and trouble taken are amply rewarded.

The other work of the service continued on usual lines and calls for no particular comment except to draw attention once again, with profound regret, to our inability to recruit a sufficient dental staff. Mention should also be made of the impossibility of a medical staff, which is at best only barely sufficient, if that, coping with any sudden emergencies or additional work, however important, without something having to go. Reference is made to this elsewhere in the report but I must add here that it is most regrettable that what has to give way every time is the very basis of the whole school health service, routine medical inspection. Treatment can be, and is, provided through other agencies but only by such routine inspection in childhood, by doctors specially experienced in the work, can incipient defects be brought to light and under treatment at the time most favourable to the production of that future adult well being which, apart altogether from its importance to the individual, is so essential to the nation.

In conclusion it is only necessary for me to record my appreciation of the good team work and loyal service of the whole staff of the department, of the full co-operation of the Chief Education Officer and his staff, and of the interest and encouragement of the Chairman and Members of the School Medical Services Sub-Committee.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

M. E. HOCKEN,

School Medical Officer.

STAFF.

School Medical Officer.

M. E. HOCKEN, M.B., Ch.B., D.P.H.

Assistant School Medical Officers.

R. G. DRUMMOND, M.B., Ch.B., D.P.H.

D. HAMSHAW, M.R.C.S., L.R.C.P., D.C.H. (resigned 6/12/52).

Senior School Dental Surgeon.

G. R. SMITH, L.D.S., R.C.S. (Ed.)

Assistant School Dental Surgeons.

TWO VACANCIES.

Speech Therapist.

H. WESTRUP, L.C.S.T., L.G.S.M. (resigned 13/2/52).

R. DREW MORGAN, L.C.S.T. (appointed 1/4/52, resigned 16/8/52).

M. T. HOOKER, L.C.S.T. (appointed 8/9/52).

Speech Therapist—Part-time.

H. MACNAUGHTON (appointed 8/1/52).

Orthopaedic Physiotherapist.

G. E. C. HAY (resigned 22/2/52).

Oculists—Part-time.

M. PERRERS TAYLOR, M.R.C.S., L.R.C.P., D.P.H., D.O.M.S.

D. WILSON TAYLOR, M.B., Ch.B.

J. H. KODICEK, M.B., B.S., M.R.C.S., L.R.C.P. (temporary)

Orthoptist—Part-time.

L. BILLINGHURST.

Superintendent Nursing Officer.

G. M. SANDERS, S.R.N., S.C.M., H.V. Cert.

Health Visitors and School Nurses.

E. CORNISH, S.R.N., S.C.M., H.V. Cert.

T. GIBBONS, S.R.N., S.C.M., H.V. Cert.

H. GREAVES, S.R.N., S.C.M., H.V. Cert. (appointed 24/8/52).

M. B. GUDGEON, S.R.N., S.C.M., H.V. Cert. (appointed 21/4/52).

E. E. REDHEAD, S.R.N., S.C.M., H.V. Cert.

E. T. TAYLOR, S.R.N., S.C.M.

School Nurses—Part-time.

C. M. BIART, S.R.N., S.C.M., H.V. Cert.

H. BROADHEAD, S.R.N., S.C.M., H.V. Cert.

J. PARROTT, S.R.N., S.C.M., H.V. Cert.

K. M. RAILTON, S.R.N., S.C.M., H.V. Cert.

D. M. RUSSELL, S.R.N., S.C.M., H.V. Cert.

G. A. WEBSTER, S.R.N., S.C.M., H.V. Cert.

E. YOUNG, S.R.N., S.C.M., H.V. Cert.

Clinic Nurse—Part-time.

M. J. CRUSH, S.R.N. (resigned 24/9/52).

M. E. HOPE, S.R.N. (appointed 29/9/52).

Dental Attendant.

V. BRADLEY.

Clerical Staff.

H. A. HOUSE (Administrative Officer).

I. R. BENSON.

A. MILLER.

ANNUAL REPORT

1952

No. of Children on Roll:—

County Primary	...	...	...	...	8372
County Secondary Modern	...	...	...	...	2666
Secondary Grammar	...	...	...	...	1660
					<hr/>
					12698
					<hr/>

No. of Schools 81

PERIODIC MEDICAL INSPECTIONS.

Routine visits of inspection were paid to 41 schools.

A. Periodic Medical

<i>Inspections</i>	1952	1951	1950	1949	1948
Entrants	1,059	2,083	276	1,584	1,513
Second Age Group	628	924	178	1,386	1,139
Third Age Group	721	708	374	639	912
Other periodic inspections	364	325	26	63	112
					<hr/>
Total	2,772	4,040	854	3,672	3,676
					<hr/>

B. Other Inspections

Special Inspections—
children specially
referred by par-
ents and teachers
Re - inspections—
all children found
to have defects at
the previous ex-
amination ...

ers	69	45	24	41	73
ns—					
ound					
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...	1,045	2,147	723	2,564	3,150
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total	1,114	2,192	747	2,605	3,223

MEDICAL INSPECTION.

The number of schools to which routine visits of inspection were paid fell markedly, from 70 to 41, the consequent drop in the numbers of pupils examined being from 6,232 to 3,886. Though much to be regretted, this reduction in the time available for routine medical inspection was inevitable, due as it was to a number of causes chief among which were the prolonged absence from duty of one of the two assistant school medical officers coupled with the pressing need to carry out a special review of the southern half of the County to ascertain the number of educationally sub-normal children suitable for education in a day special school, the opportunity to consider the establishment of which arose suddenly during the year on suitable premises falling vacant. Such shock emergencies as these cannot be absorbed by a service working normally at the absolute minimum of medical staffing.

ACTION FOLLOWING INSPECTION.

When treatment of any description is recommended by the school medical officers, letters are sent to parents and appropriate suggestions made as to facilities available. Should no response ensue follow-up visits are paid by the school nurses and, if no action is taken after a first visit, repeat visits are paid wherever possible. The rate of acceptance of treatment is very high and the majority of parents are found to be most co-operative in accepting any advice given by the staff.

Work of School Nurses—Cleanliness Inspections.

The average number of visits per school paid by school nurses showed a marked rise, from 3.72 to 6.83, with a corresponding increase in the number of children inspected, from 27,715 to 33,137. The number of individual children found unclean nevertheless fell from 317 to 265.

TABLE.

Sessions spent at routine medical inspection	Average number of visits per school for cleanliness inspection	No. of children examined for cleanliness	No. of individual children found unclean	Follow-up visits in homes for all purposes	Attendances at minor ailment and eye clinics
182	6.83	33,137	265	1014	989

With regard to the cleansing of verminous heads, a D.D.T. preparation was found to be very effective in practice. Advisory work in this connection was felt to be efficacious, especially when followed by actual cleansings carried out in the school clinics. Electric hair dryers are available in each of the clinic premises.

ARRANGEMENTS FOR TREATMENT.

Minor Ailment Clinics.

There was no change in the arrangements for treatment at these clinics during the year, but the total attendances again fell slightly.

MINOR AILMENT CLINICS

CLINIC	ADDRESS		DOCTOR PRESENT
WISBECH	...	County Clinic, Lynn Rd., ... Wisbech	Each Friday morning
MARCH	...	County Clinic, County ... Hall, March	2nd & 4th Thursdays— mornings
ELY	...	County Clinic, Downham ... Rd., Ely	1st & 3rd Wednesdays— mornings
CHATTERIS	...	Cromwell Cty. Sec. Mod. ... School	2nd & 4th Fridays— mornings
WHITTLESEY	...	Former C.D. Report Centre, Whittlesey	1st & 3rd Tuesdays— mornings
LITTLEPORT	...	Oddfellows' Hall, Littleport	... 4th Tuesday morning each month
THORNEY	...	Duke of Bedford C.P. School	... 1st & 3rd Wednesdays— mornings
OUTWELL	...	Beaupre School	... 1st Monday morning

TREATMENT OF MINOR AILMENTS IN THE CLINICS FOR THE YEAR 1952
(Individual number of children treated).

	Wisbech	March	Ély	Chatteris	Littleport	Whittlesey	Thorney	Outwell
Ringworm (head)	...	...	...	...	...	...	...	...
Ringworm (body)	...	5	...	...	...	...	4	...
Scabies ...	2	...	...	...	...	...	...	...
Impetigo ...	29	9	10	4	...	...	4	...
Other skin diseases	24	27	4	3	...	...	47	45
Minor eye defects	54	18	11	11	1	...	34	8
Minor ear defects	21	7	8	1	2	...	11	8
Miscellaneous ...	520	104	19	41	6	20	153	101
TOTALS ...	650	170	52	60	9	20	253	162

GRAND TOTAL : 1376.

Total attendances made by children : 2878

Visual Defects and Diseases of the Eye.

All pupils with defective vision or squint ascertained at inspection are given the opportunity of attending one of the following clinics—

Wisbech	Dr. Wilson Taylor	1st and 3rd Wednesdays and 2nd and 4th Thursdays.
Ely	Miss Perrers Taylor	2nd and 4th Thursdays.
Ely	Dr. Kodicek	alternate Mondays.
March	Dr. Wilson Taylor	each Friday.
Whittlesey	„	1st Tuesday in month.
Chatteris	„	2nd Tuesday in month.

There were altogether 160 sessions held during the year at which 1645 attendances were made. During the year 293 new cases were seen.

Spectacles were prescribed under the Authority's Scheme for 503 children and were obtained by 486.

Dr. D. W. Taylor reports :—

“During the year 115 eye clinics were held, at which there were 1132 attendances, and 238 new cases seen. Detailed figures for the four centres were :—

			No. of Clinics	Attend- ances	New Cases
March	...	...	49	539	125
Wisbech	...	...	38	330	59
Chatteris	...	...	10	100	21
Whittlesey	...	...	18	163	33
Total			115	1132	238

Parents in almost all instances were co-operative and appreciative. Close co-operation was maintained with Doddington Hospital and North Cambs. Hospital, Wisbech, where an increasing number of children with squints were operated on. The problem of orthoptic treatment remained unsolved.

In the coming year it is likely that most of these clinics will be absorbed into the hospital service, when the closest co-operation with the school medical officers will be maintained.”

Miss Perrers Taylor reports :—

“During 1952 there were 254 attendances at my clinic at Ely, and of these 36 were new cases. This is an increase on last year. We still only have one orthoptic clinic a month, and it hardly seems worth while putting children on the waiting list for treatment

because treatment cannot be given, and great disappointment is felt by the parents. 16 names have, however, been added rather reluctantly to the list which now stands at 45-50 awaiting treatment. A certain number of other children are being seen occasionally by Miss Billingham, but it is impossible to give regular treatment when there is only one clinic a month. Six children have been operated on for squint during the year.

Attendances at the clinic have been good, and the parents and children most co-operative.

I do feel that with an orthoptic clinic twice a week we should be doing really good work."

Orthoptic Treatment.

Following the appointment of Miss L. Billingham, an Orthoptic Clinic was opened in August, 1950, in the Ely area, but all endeavours to increase the orthoptic work there and to provide similar facilities in other parts of the Isle proved unavailing.

Number of sessions	...	...	10
Number of visits	...	...	74
Number of patients treated	...	...	31
Number of new patients	...	...	9

Operative Treatment for Defects of Nose and Throat.

Operative treatment of unhealthy tonsils and/or adenoids is provided at Addenbrooke's Hospital, Cambridge, Peterborough and District Memorial Hospital, and the North Cambs. Hospital, Wisbech, and in addition increased use was made of the facilities at the County Hospital, Doddington.

The total number of cases receiving operative treatment was 202 during 1952.

63 other conditions were dealt with, either at the minor ailment clinics or at the hospitals.

Close liaison was maintained with the speech therapist in after-care work.

TUBERCULOSIS.

366 examinations of school children were carried out at the chest clinics at Wisbech and Doddington by the chest physician during 1952. Of this number 94 were new cases, the remainder being re-examinations.

344 X-ray examinations of school children were carried out at the chest clinics, and of these 92 were new cases, the remainder being re-examinations of old cases. 13 cases of tuberculosis were notified as occurring among school children during 1952, 9 pulmonary and 4 non-pulmonary. During the year 6 school children were recommended for sanatorium treatment, and at the end of the year 7 had been admitted to Kelling Children's Sanatorium.

The following numbers relate to pupils and staff who were X-rayed when the mass radiography unit visited March during November :—

		males	females
School children	...	404	717
Staff	... ..	21	75

AUDIOMETRY.

A pure tone audiometer was brought into use in July and from then until the end of 1952 the hearing of 163 boys and 97 girls was tested in school. Of these, 21 boys and 9 girls (11.5%) were found to have defective hearing to such an extent as to warrant further investigation. A further number, who were referred from school because they were thought to have defective hearing, were examined at minor ailment clinics.

A routine "sweep" test at school is carried out on the seven year age group. They are the youngest children who can co-operate easily in the test and are those about to pass from the Infant to the Junior School. The test is a "screening" one in that it is used only for the detection of hearing defect. No attempt is made at this stage to assess the degree of the defect or its cause. The standard adopted is that the middle range of frequencies (five frequencies from 250 - 4,000 cycles per second) should be heard in each ear at the 20 decibel loss level. Those who satisfy this standard have their school medical cards noted to that effect and those who fail are noted for full audiometric examination later, the cards being pre-stamped as under, indicating the order of frequencies to be followed in making the test :—

C/S	1000	2000	4000	500	250
R					
L					

In performing the "sweep" test which can be conducted in any room in which there is an electrical supply point and which is reasonably quiet, the children are admitted to the room in batches of eight or ten, given a simple explanation of what they have to do, and then tested individually, so time spent in explanation is cut to a minimum. The children enjoy the procedure and are intrigued by the earphones, and the rubber hammer which they use to signify that they hear the sounds.

Occasionally it happens that a child cannot co-operate because of lack of understanding, in which case he or she is noted for future examination.

By thus testing the seven year age group at each school, as it is visited, it is hoped that eventually each child will have an audiometric test at this age. During the routine testing at the school there are included, in addition to the seven year age group, children of all ages who are thought, either at school or at home, to have defective hearing. This explains the very high proportion (11.5%) of hearing defects found in those tested at school.

Some schools, of course, at present have no electricity supply and the audiometer cannot be used in them.

When full audiometric examination is carried out the hearing of each ear is tested over a range of eight frequencies from 125 - 8,000 cycles per second and the amount of loss at each frequency can be determined accurately and charted on an audiometric card. This is of great advantage not only in assessing progress but where referral to hospital is required.

Defective hearing is one of the gravest disabilities to afflict the school child and it is the most difficult to detect. A considerable degree of deafness can exist unknown even to parents or teachers—and, of course, unappreciated by the child if it has been present since birth or had its onset in early years. Especially may this be the case with intelligent children who can, without realising it, learn to lip read and so appear to hear. Lack of progress may be attributed to dullness or they may be thought disobedient because they do not obey orders which, in fact, they do not hear, or understand only imperfectly.

Routine audiometry should discover these defects when they exert their worst effects, namely, early in school life.

SPEECH THERAPY.

Miss Hooker reports as follows :—

"At the end of 1952, the total number of children on the register was 149.

Of these :—

69 were receiving treatment.
40 were awaiting treatment.
40 were under observation.

During 1952, 124 children received treatment :—

Boys : 84. Girls : 40.

After 8th September, 1952, 23 were admitted for treatment and 72 were discharged.

Cases Treated.

(Excluding those under observation)

Place	Dyslalia & Retarded Speech Develop- ment	Stam- mering	Cleft Palate	Dysphonia	Neuro- genic	Total
March ...	16	8	...	2	...	26
Wisbech .	14	6	...	...	3	23
Chatteris ...	11	1	...	...	...	12
Whittlesey ...	19	2	1	...	...	22
Doddington ...	3	...	...	1	...	4
Wimblington ...	2	...	...	...	...	2
Manea	1	1	...	...	...	2
Thorney	11	...	...	...	...	11
Outwell	7	1	..	...	1	9
Guyhirn ... ..	...	2	...	...	...	2
Fridaybridge ...	...	..	1	...	...	1
Coldham	1	2	...	...	...	3
King's Dyke ...	1	...	...	...	...	1
Coates	2	...	...	...	...	2
Turves	1	...	..	...	...	1
Gorefield ... ..	...	...	1	...	...	1
Leverington ...	1	...	1	...	...	2
TOTAL	90	23	4	3	4	124

This service has been re-extended to the country schools during the latter part of the year.

Owing to the lack of transport during the spring and summer, clinics in this area were held only at March, Wisbech, Whittlesey, Haddenham and Outwell, with a total of 67 children on the register.

Haddenham and district are now under the charge of the Ely speech therapist, and Chatteris has been included in the northern area in its stead.

Clinics are now held weekly at March, Whittlesey and Wisbech, whilst the remainder of the places mentioned in the report are visited once a fortnight. It is hoped to be able to conduct a weekly clinic in Chatteris, should it be possible, towards the end of the following year, as the numbers here warrant this. Some children in outlying districts are treated at home after school hours, and seven country schools yet remain to be visited.

It is of interest that the majority of the children who had received no speech therapy since February had made little or no improvement, whilst some had reverted. Those who were able to be discharged with no further treatment were almost entirely children who, when referred, had only just started school, and whose speech had then benefitted from the school routine and companionship.

Finally, I should like to express my appreciation of the helpfulness and co-operation of the medical, educational and administrative staffs, which have not only facilitated organisation, but given an added interest to the work."

Miss Macnaughton reports as follows :—

"The type of defects found in my speech clinics in the Isle of Ely fall into four categories, these being Dyslalia, Cluttering, Stammering and Dysphonia.

Dyslalia. 75% of my cases have been dyslalic, ranging from a mild sigmatism (lisp) to completely unintelligible speech. The severe cases of dyslalia were found to be accompanied by a low I.Q. and difficulties in reading and writing. These children made slow speech progress as a great deal of work is needed on each sound to overcome bad habits and build up a new speech pattern. Where the I.Q. was good and the dyslalia less severe, progress was more rapid, especially where the parents co-operated in carrying out exercises between treatments. In cases of sigmatism the cause has mainly been dental malformation or bad habits set up between first

and second dentition when the child was unable to produce the sibilants correctly. These cases have been most responsive to treatment.

Cluttering. This type of speech defect occurs when there is no actual substitution of sounds, but the speech is rapid and slurred and so becomes unintelligible. This defect I found in all cases to be associated with low intelligence, and poor speech patterns in the home. Treatment aimed at slowing down speech and so making articulation clearer.

Stammering. The majority of these cases have been children in infant schools with mild stammers. The case history has generally revealed good intelligence, but too high a standard set for the child by the parents, or some emotional conflict at home. Treatment has been relaxation and speech games, to overcome anxiety and fear of speech. In cases of stammering I have found the co-operation of the parents of utmost importance.

Dysphonia. Vocal defects have been very rare, and I have no cleft palate cases in my clinics. There are some children with mild dysphonia accompanied by dyslalia. The dyslalia taking the form of hoarseness, or lack, or excess, of nasal resonance. Breathing and humming exercises have been given in addition to articulatory exercises.

I have found in nearly all cases of speech defect (except stammering) that breathing exercises have been necessary as a large percentage of the children have been mouth breathers."

SCHOOL DENTAL SERVICE.

Administration.

The general character of the dental inspection and treatment scheme has remained unaltered during the year. At no time during 1952 were the services of a full staff available.

Dental Inspections.

These were carried out on school premises during school hours, and 1661 school children were inspected during 12 half-day sessions.

Dental Treatment.

Of the 1661 school children inspected, 1306 (seventy-nine per cent.) were referred for treatment, and of this number 1113 (eighty-five per cent.) received treatment from the School Dental Officer.

COMPARATIVE TABLE OF TOTAL NUMBERS OF CHILDREN
INSPECTED AND TREATED DURING THE PAST SIX YEARS.

	1947	1948	1949	1950	1951	1952
Number Inspected	3,078	4,110	3,850	1,616	871	1,661
Number Treated	2,612	2,005	2,032	737	282	1,113
Number of Inspections and Treatment Sessions	863	953½	849	274½	111	465

Orthodontics.

It has only been possible to undertake a small number of orthodontic cases without sacrificing time spent on other necessary forms of treatment.

For the children to benefit from the modern technique of orthodontics, a part-time consultant orthodontic specialist should be employed in addition to a full staff of school dental officers.

Pre-School Children.

Lack of staff has again postponed the implementation of the provisions of the National Health Service Act, 1946, with regard to the development of a maternity and child welfare dental scheme, to which these children properly belong. However, we have continued the same policy as last year. All children under five, on whose behalf application was made, were inspected and treated.

Dental Statistics, 1952.

A complete analysis of the children inspected during 1952, and also of the treatment carried out for these children is shown in the following table :—

1.	Total number inspected	...	...	1661
2.	Number referred	...	...	1306
3.	Number actually treated	...	...	1113
4.	Attendances at Treatment Centres	...	...	3162
5.	Number of Inspection Sessions	...	...	12
6.	Number of Treatment Sessions	...	...	453
7.	Fillings :			
	Permanent Teeth	...	...	1699
	Temporary Teeth	...	...	246

8.	Number of Teeth Filled :				
	Permanent Teeth	...	...	...	1643
	Temporary Teeth	...	...	...	238
9.	Extractions :				
	Permanent Teeth	...	...	...	274
	Temporary Teeth	...	...	...	1205
10.	General Anaesthetic Cases	...	...	...	124
11.	Other Operations :				
	Permanent Teeth	...	...	...	963
	Temporary Teeth	...	...	...	243

Mr. G. R. Smith comments :—

"Dental Staffing.

No dental officers were appointed during the year. Repeated advertisements have failed to produce even a single application.

Dental Inspection and Treatment Policy.

Owing to the lack of dental officers, routine inspection and treatment has only been offered to infant and junior schools in March and Ely. When requests have been made, pre-school and secondary school children have also been treated.

Dental Inspection.

Dental inspections have been carried out in school premises and have shown that 79% of the children in March and Ely required treatment, the percentage being slightly higher in Ely than in March. The acceptance rate stands at 67%. Treatment has been carried out in fixed clinics at March and Ely.

General.

The extent to which an unhealthy mouth can affect the general health of the child is still not recognised by a number of parents. Some children on inspection are found to have most unhealthy mouths and yet treatment is refused. It is also known that treatment is not being sought privately. A great deal of dental education therefore, is still necessary to overcome parents' prejudices, disinterestedness and ignorance.

In the permanent dentition overcrowding has been very noticeable; the result, in most cases, of premature extraction of deciduous teeth.

My thanks are due to the head teachers for their whole-hearted co-operation, especially during dental inspections."

MILK IN SCHOOLS SCHEME.

On a given day in October, 1952, 9178 pupils in attendance took milk.

The majority of schools now receive milk in $\frac{1}{2}$ pint bottles. The particulars as compared with previous years are set out below :—

	1946	1947	1948	1949	1950	1951	1952
Schools supplied in $\frac{1}{2}$ pints	65	67	66	68	70	73	80
„ „ „ 1 „	14	14	15	9	7	6	1

Since the 6th August, 1946, all pupils requiring milk are supplied free of charge.

	Dec. 1946	Dec. 1947	Oct. 1948	Oct. 1949	Oct. 1950	Oct. 1951	Oct. 1952
No. on school rolls	11,433	11,809	11,287	11,264	11,380	11,840	12,316
No. of $\frac{1}{2}$ pints supplied	8,949	8,377	8,379	8,465	8,215	8,706	9,178
Percentage receiving milk	78%	71%	74%	75%	72%	73%	75%

HANDICAPPED PUPILS.

Category	In Special Schools ¹		In maintained Primary and Secondary Schools		In Independent Schools		Not at School		TOTAL	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Blind ... ..	...	...	...	...	...	...	1	1	1	1
Partially Sighted ...	1	1	2	1	...	...	1	...	4	2
Deaf	1	3	...	...	1	...	2	...	4	3
Partially Deaf ...	...	3	4	2	...	...	...	...	4	5
Delicate	2	...	5	3	...	...	...	1	7	4
Diabetic	1	...	...	...	...	...	1	...	2	...
Educationally Sub-Normal	4	5	43	32	...	...	1	...	48	37
Epileptic	1	...	9	1	...	...	1	...	11	1
Maladjusted	4	...	1	2	...	...	1	...	6	2
Physically Handicapped	4	4	20	10	...	...	7	4	31	18
Multiple Defects ...	...	...	...	...	...	...	1	...	1	...
	18	16	84	51	1	...	16	6	119	73

Handicapped pupils were admitted to special schools during the year as follows :—

	Boys	Girls	Total
Partially sighted	1	—	1
Partially deaf	—	1	1
Delicate	2	—	2
Diabetic	1	—	1
Educationally sub-normal ...	1	—	1
Epileptic	1	—	1
Maladjusted	2	—	2
Physically handicapped ...	1	—	1
	9	1	10

In addition one maladjusted girl was boarded out with foster-parents and arrangements were made for a deaf boy to attend at the Metropolitan Ear, Nose and Throat Hospital for speech training and lip reading.

INFECTIOUS DISEASE IN SCHOOL.

No schools were closed for epidemics in 1952. The following table gives the incidence of notifiable and other infectious diseases :—

	Diph- theria	Scarlet Fever	Whoop- ing cough	Chic- ken pox	Meas- les	German measles	Mumps	Total
Cases	46	109	410	319	303	487	1674
Contacts	...	15	...	...	2	...	...	17

IMMUNISATION.

Diphtheria.

During 1952, 110 school children received two injections of A.P.T. and 394 received a re-inforcing or 'booster,' injection.

PROVISION OF COOKED MEALS AND HOT DRINKS IN SCHOOLS.

During 1952, school meals were provided in all but 11 schools, and of these latter the children in 6 schools were served with hot drinks.

On a day in October, 1952, the number of mid-day meals served was 7,294.

HYGIENE IN SCHOOLS.

A routine hygiene inspection was carried out during the periodic medical inspections at each school and any sanitary defects were reported. Appropriate action was initiated and the repairs carried out.

PHYSICAL TRAINING.

Physical training continued to be carried on by instructors and specially trained members of the teaching staff.

SPECIAL EXAMINATIONS.

The following examinations were carried out during 1952 :—

Prospective teachers	21
Entrants to teaching profession ...	9

CO-OPERATION.

The measure of co-operation which has existed between the Chief Education Officer and his staff and the staff of the school medical department continues to be very close and leads to prompt action in any matters which concern either department. The head teachers and teaching staffs continue to give valuable assistance at the periodic medical inspections and also in referring pupils with defects. As regards the latter we regard the teachers as our most reliable source of information.

Parents are fully appreciative of the scope of the services and the high acceptance for all types of treatment offered is evidence of their co-operation.

The local inspectors of the N.S.P.C.C. have at all times responded promptly to requests for assistance in dealing with problem families and the four school attendance officers link up with this department in all investigations concerning prolonged absences of pupils due to health reasons.

TABLE 1.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS.

A—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants	...	...	...	...	...	1,059
Second Age Group	...	...	...	...	...	628
Third Age Group	...	...	...	...	...	721
Total						2,408
Number of other Periodic Inspections						364
Grand Total						2,772

B—OTHER INSPECTIONS.

Number of Special Inspections	...	...	69
Number of Re-inspections	...	...	1,045
Total			1,114

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table II. A.	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	49	120	169
Second Age Group .	37	59	95
Third Age Group ...	53	66	117
Total (prescribed groups)	139	245	381
Other Periodic Inspections	22	22	44
Grand Total ...	161	267	425

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31ST DECEMBER, 1952.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	79	50	1	2
5	Eyes—				
	a. Vision	161	287	2	5
	b. Squint	18	22	3	1
	c. Other	10	16	...	...
6	Ears—				
	a. Hearing	2	32	...	...
	b. Otitis Media ...	6	46	...	1
	c. Other	5	16	...	1
7	Nose or Throat ...	32	242	2	5
8	Speech	24	42	1	1
9	Cervical Glands ...	3	233	...	6
10	Heart and Circulation	...	34	...	...
11	Lungs	2	47	...	2
12	Developmental -				
	a. Hernia	5	9	...	...
	b. Other	2	40	...	1
13	Orthopaedic—				
	a. Posture	15	109	...	2
	b. Flat foot	32	64	...	3
	c. Other	24	136	...	4
14	Nervous system—				
	a. Epilepsy ... ..	...	4	...	...
	b. Other	2	5	...	1
15	Psychological—				
	a. Development ...	2	77	...	7
	b. Stability	1	45	...	2
16	Other	8	31	1	1

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	1059	413	39.00	640	60.43	6	0.57
Second Age Group	628	193	30.73	433	68.95	2	0.32
Third Age Group	721	327	45.35	393	54.51	1	0.14
Other Periodic Inspections	364	143	39.29	217	59.61	4	1.10
Total ...	2772	1076	38.82	1683	60.71	13	0.47

TABLE III.
TREATMENT TABLES.
GROUP I.—MINOR AILMENTS
(excluding Uncleanliness, for which see Table V.)

(a)	Number of Defects treated, or under treatment during the year
Skin—	
Ringworm—Scalp—	
(i) X-Ray treatment. If none indicate by dash	—
(ii) Other treatment	—
Ringworm—Body	9
Scabies	2
Impetigo	56
Other skin diseases	150
Eye Disease	137
(External and other, but excluding errors of refraction, squint and cases admitted to hospital).	
Ear Defects	58
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	964
Total ...	1376
(b) Total number of attendances at Authority's minor ailment clinics	2878

GROUP II. DEFECTIVE VISION AND SQUINT.

(Excluding Eye Disease treated as Minor Ailments—Group 1).

	<i>No. of defects dealt with</i>
ERRORS OF REFRACTION (including squint). ...	821
Other defect or disease of the eyes (excluding those recorded in Group 1)	—
Total ...	821

No. of Pupils for whom spectacles were

(a) Prescribed ...	503
(b) Obtained ...	486

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	<i>Total number treated</i>
Received operative treatment—	
(a) for adenoids and chronic tonsilitis ...	202
(b) for other nose and throat conditions ...	—
Received other forms of treatment	15
Total ...	217

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools	21
(b) No. treated otherwise, <i>e.g.</i> , in clinics or out- patients departments	—

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of Pupils treated—

(a) under Child Guidance arrangements ...	—
(b) under Speech Therapy arrangements ...	175

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers—				
(a)	Periodic age groups	...	...	1265
(b)	Specials	...	...	396
(c)	TOTAL (Periodic and Specials)	...	...	<u>1661</u>
(2)	Number found to require treatment	...	...	1306
(3)	Number actually treated	...	...	1113
(4)	Attendances made by pupils for treatment	...	...	3162
(5)	Half-days devoted to (a) Inspection	...	...	12
	(b) Treatment	...	...	453
	Total (a) and (b)	...	...	<u>465</u>
(6)	Fillings:			
	Permanent Teeth	...	...	1699
	Temporary Teeth	...	...	246
	Total (6)	...	...	<u>1945</u>
(7)	Number of Teeth Filled:			
	Permanent Teeth	...	...	1643
	Temporary Teeth	...	...	238
	Total (7)	...	...	<u>1881</u>
(8)	Extractions:			
	Permanent Teeth	...	...	274
	Temporary Teeth	...	...	1205
	Total (8)	...	...	<u>1479</u>
(9)	Administration of General Anaesthetics for extraction	...	...	124
(10)	Other Operations:			
	(a) Permanent Teeth	...	...	963
	(b) Temporary Teeth	...	...	243
	Total (a) and (b)	...	...	<u>1206</u>

TABLE V.

INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	...	33,137
(ii)	Total number of individual pupils found to be infested	...	265
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	3
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	—

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